SECTION 1 - General Information

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

1. Name and Mailing Address Gardonville Coo 800 Central Ave Brandon MN 56	pe N	rative T	elephon	e										is a	ock here if this change of ress.	i		
2. Year Report Filed			3. Reporting	Period (End	ing Date of Pa	iy		Number of Full-Time Employees during Selected     Reporting Period (check one):										
2019	overed by Re 2019	ροπ)			a. D Fe	wer than 16 (o or more (com	к one): complete Sec plete all sect	ctions I, IV, an	d V only)									
SECTION II - Full-Time Empl	oyee	s.	^					-										
								(Report empl	ber of Emplo oyees in only	one category	)							
Job		Race/Ethnicity																
Categories			anic or tino						Not-Hispan	ic or Latino						Total		
		La	uno			Ma	ale					Columns A - N						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawallan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1		
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1			1												1		
First/Mid-Level Officials and Managers	1.2			6						4						10		
Professionals	2			3						2						5		
Techniclans	3			8												8		
Sales Workers	4									2						2		
Administrative Support Workers	5			2						6						8		
Craft Workers	6															0		
Operatives	7															0		
Laborers and Helpers	8															0		
Service Workers	9															0		
TOTAL	10	0	0	20	0	0	0	0	0	14	0	0	0	0	0	34		
PREVIOUS YEAR TOTAL	11	0	0	22	0	0	n	0	0	14	0	0	0	0	0	36		

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SECTION III - Part-Time Emplo	vees.																
		Number of Employees (Report employees in only one category)															
Job		Race/Ethnicity															
Categories		Hispanic or Latino -		Not-Hispanic or Latino													
	"				Ma	ale			Female						Columns A - N		
	Male	Female	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	Α	В	С	D	Е	F	G	н	I	J	К	L	М	N	0		
Executive/Senior Level Officials and Managers	1.1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5		1												1		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8														0		
Service Workers	9		1												1		
TOTAL	10 0	0	2	0	0	0	0	0	0	0	0	0	0	0	2		
PREVIOUS YEAR TOTAL	11 0	0	2	0	0	0	0	0	0	0	0	0	0	0	2		
SECTION IV - Report of Discri	mination Com	plaints Pursu	ant to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	1.311.										
This is to advise th company before an This is to advise the (Attach a list indication)	y body having	competent juri	sdiction in su	ch matters du s alleging viola	ring the calend ations of the or	lar year cover povisions of a	ered by this re anv equal emp	oort. lavment appo	rtunity statute	e have been fi	led against thi	s company.					
SECTION V - Certification	oudodos ist	nation and he	lief all states	anto in this ~	nort are true	and correct											
		owledge, information, and belief, all statements in this report are true and correct.  young or Printed Name of Person Signing Signature Telephone No.															
	David W		818				XI	5	/			' '	524-2211				
Title of Person Signing CEO/General Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												